

OHPM (Provider Payments) 05-01-04-05 6147-090
Claims Paid November 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
OUTPATIENT HOSPITAL, GENERAL	\$ 4,024,417.18	13,853	\$ 290.51
PHYSICIANS SERVICES	2,659,891.62	25,784	103.16
INPATIENT HOSPITAL, GENERAL	1,358,380.84	734	1,850.66
DENTAL SERVICE	1,050,660.30	6,226	168.75
RURAL HEALTH CLINIC	815,694.28	5,240	155.67
FURNISHED MED SUP OR DME	622,530.86	3,132	198.76
HOME HEALTH SERVICES	558,355.34	899	621.08
PRIVATE DUTY NURSING	454,260.26	95	4,781.69
PSYCHOLOGY	255,053.40	1,592	160.21
SKILL NURSING FAC NURSING HOME	188,576.79	93	2,027.71
HOME&COMM BASED CARE - DI	151,263.64	83	1,822.45
OPTOMETRIC SERVICES EYEGLASSES	118,189.98	2,810	42.06
PERSONAL CARE	97,228.00	47	2,068.68
AMBULANCE SERVICE	85,260.76	606	140.69
LABORATORY (PATHOLOGY)	77,235.48	1,751	44.11
FAMILY PLANNING SERVICES	70,435.42	330	213.44
MEDICAL SERVICES CLINIC	61,586.61	393	156.71
PHYSICAL THERAPY	57,058.30	242	235.78
ADULT MEDICAL DAY CARE	52,287.00	98	533.54
WHEELCHAIR VAN	51,809.75	198	261.67
CLINIC SERVICES	29,898.72	292	102.39
ADVANCE REG NURSE PRACT	18,065.83	209	86.44
OCCUPATIONAL THERAPY	14,422.81	58	248.67
SNF NURSING HOME ATYPICAL CARE	12,818.19	1	12,818.19
PODIATRIST SERVICES	8,894.69	7	1,270.67
X-RAY SERVICES	7,789.06	88	88.51
SPEECH THERAPY	6,464.40	25	258.58
CHIROPRACTIC	6,276.31	160	39.23
DAY HABILITATION CENTER	4,766.10	5	953.22
I/P HOSPITAL SWING BEDS, SNF	4,669.03	8	583.63
MENTAL HEALTH CENTER	3,075.00	28	109.82
CERTIFIED MIDWIFE (NON-NURSE)	2,903.26	7	414.75
AUDIOLOGY SERVICES	2,605.94	57	45.72
NURSING FACILITY SUPPLEMENTAL	2,357.50	0	-
CHILD HEALTH SUPPORT SERVICE	731.00	1	731.00
Subtotal Category of Service	\$12,935,913.65		
PROV SYS P/OUT NON CLM SPEC	179,335.88		
INS PREM CARR SYS P/OUT	22,644.41		
PROV REFUND CLM SPEC	(30,196.98)		
PROV REFUND NON CLM SPEC	(56,824.50)		
TPL CARR REFUND NON CLM SPEC	(72,769.79)		
RECIP REFUND NON CLM SPEC	(84,421.17)		
PROV RECOUP NON CLM SPEC	(403,222.45)		
Financial Claims Adj/Refunds Subtotal	\$ (445,454.60)		
IFS Transactions:			
Medicare Part A & B	779,821.00		
BCCP	73,550.88		
HIPP IFS	8,541.00		
Current Yr Recoveries	(13,555.00)		
Nursing Facility Supplemental	(5,940.00)		
IFS PP Sub-Total	\$ 842,417.88		
Adjustments (Adjustments, Transfers)	450,320.64		
Total Expenditures per IFS	<u>\$13,783,197.57</u>		

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Provider Payments includes Fund Code A, including new MEAD clients and expenditures.

Refunds include various claim-specific and non claim-specific recoupments or refunds.

IFS PP represents claims paid outside the medicaid claims system

Funder 57 Report provides additional details on adjustments.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

Inpatient Hospital, General - Claims suspended in October pending annual DRG (Diagnosis Related Grouping) update is complete

OHPM (Drugs) 05-01-04-05 6147-092
 Claims Paid November 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 7,598,866.56	35,023	\$ 216.97
BCCP	17,228.52		
Sub-Total	7,616,095.08		
Adjustments	(19,489.08)		
Total Expenditures per IFS	<u>\$ 7,596,606.00</u>		

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Adjustment amt is the difference between interim adhoc reporting and IFS.

DBH (Community Mental Health Expenditures) 05-01-11-04-01
Claims Paid November 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
MENTAL ILLNESS MGT SVCS (MIMS)	\$ 2,682,631.00	3,492	\$ 768.22
CASE MANAGEMENT SERVICES	1,976,015.00	4,524	436.78
PSYCHOTHERAPY SERVICES	434,046.00	2,987	145.31
ALL PSYCHIATRIC SERVICES	245,775.00	2,976	82.59
OTHER MEDICAID SERVICES	292.00	20	14.60
ACUTE SERVICES	139,567.00	306	456.10
FAMILY SERVICES	155,452.00	1,040	149.47
Total Expenditures	<u><u>\$ 5,633,778.00</u></u>		

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Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096
Claims Paid November 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
DISPENSE PRESCRIBED DRUGS	\$ 2,342,421.05	6,133	\$ 381.94
SNF NURSING HOME ATYPICAL CARE	278,892.69	25	11,155.71
PERSONAL CARE	215,184.00	103	2,089.17
SKILL NURSING FAC NURSING HOME	196,086.50	442	443.63
OUTPATIENT HOSPITAL, GENERAL	170,926.82	964	177.31
WHEELCHAIR VAN	148,232.00	673	220.26
INPATIENT HOSPITAL, GENERAL	133,932.28	163	821.67
FURNISHED MED SUP OR DME	78,423.53	589	133.15
PHYSICIANS SERVICES	64,757.15	2,033	31.85
NURSING FACILITY SUPPLEMENTAL	32,833.10	0	-
ADULT MEDICAL DAY CARE	31,555.00	66	478.11
I/P HOSPITAL SWING BEDS, SNF	26,283.62	15	1,752.24
RURAL HEALTH CLINIC	10,149.47	327	31.04
AMBULANCE SERVICE	6,118.70	196	31.22
OPTOMETRIC SERVICES EYEGLASSES	4,903.98	184	26.65
DENTAL SERVICE	4,622.00	9	513.56
PSYCHOLOGY	3,208.52	26	123.40
LABORATORY (PATHOLOGY)	2,531.13	39	64.90
I/P HOSPITAL SWING BEDS, ICF	2,240.98	1	2,240.98
HOME HEALTH SERVICES	2,005.85	4	501.46
PODIATRIST SERVICES	1,297.16	148	8.76
CLINIC SERVICES	604.87	1	604.87
ADVANCE REG NURSE PRACT	499.74	58	8.62
X-RAY SERVICES	134.28	3	44.76
OCCUPATIONAL THERAPY	85.80	1	85.80
PHYSICAL THERAPY	83.38	6	13.90
CHIROPRACTIC	79.08	1	79.08
AUDIOLOGY SERVICES	45.00	2	22.50
MEDICAL SERVICES CLINIC	44.71	4	11.18
FAMILY PLANNING SERVICES	33.79	1	33.79
Subtotal Category of Service	<u>\$ 3,758,216.18</u>		
PROV REFUND CLM SPEC	(77.58)		
Nursing Facility Supplemental	(51,875.30)		
Adjustments (Adjustments, Transfers)	(1,218.40)		
Total Expenditures per IFS	<u><u>\$ 3,705,044.90</u></u>		

Notes:

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for BEAS Provider Payments represents Fund Code J costs.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

Inpatient Hospital, General - Claims suspended in October pending annual DRG (Diagnosis Related Grouping) update is complete

DEAS (Nursing Home) 05-01-10-04 6173-090
Claims paid November 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
INTERMED CARE FAC NURSE HOME	\$ 13,834,921.03	4,373	\$ 3,163.71
NURSING FACILITY SUPPLEMENTAL	13,287,747.09	0	-
ICF NURSING HOME ATYPICAL CARE	317,284.87	53	5,986.51
I/P HOSPITAL SWING BEDS, ICF	7,981.46	2	3,990.73
SKILL NURSING FAC NURSING HOME	7,754.74	8	969.34
Subtotal Category of Service	\$ 27,455,689.19		
Nursing Facility Supplemental	(57,550,269.50)		
Adjustments	31,885.00		
Nursing Home Expenditures per IFS	<u><u>\$ (30,062,695.31)</u></u>		

Notes:

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Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

Nursing Facility Supplemental - Medicaid Quality Incentive Program based on paid nursing facility bed days.

This payment is made from 6173-090 and subsequently transferred to 6173-097.

The corresponding transfer of the payment for \$13,287,747.09 appears on the December report.

The transfer of (\$57,550,269.50) is the corresponding entry to the October payment.

DDS 05-01-13-01-00
 Claims paid November 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
Case Management	\$ 741,451.31	2,818	\$ 263.11
Personal Care (Residential) Services	6,822,677.79	1,563	4,365.12
Day Services	2,782,369.89	1,635	1,701.76
Family Support Services	152,545.32	394	387.17
Other Specialized Services	95,530.25	73	1,308.63
Consumer Directed Services	196,835.52	59	3,336.20
Early Intervention	329,775.78	490	673.01
Total Expenditures	<u>\$11,121,185.86</u>		

Notes:

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.